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1. CORRESPONDENCE ADDRESS

PAUL T. CLARK
FISH & RICHARDSON
225 FRANKLIN STREET
BOSTON, MA 02110-2804

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

First Named
Applicant

ATTORNEYS,

HARRY N.

TITLE OF
INVENTION

A METHOD FOR PERIODONTAL REGENERATION (AS AMENDED)

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

EPCOLON

514 012 000

015

UTILITY

NO

\$1050.00

11/26/91

0020097 11/18/91 07582332

06-1050 020 501

15.00CH

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4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Fish & Richardson

2

3

DO NOT USE THIS SPACE

070 AA 11/13/91 07582332

1 142 1,050.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: PRESIDENT AND FELLOWS OF HARVARD COLLEGE & INSTITUTE OF MOLECULAR BIOLOGY, INC.

(2) ADDRESS: (City & State or Country) Cambridge, MA and Boston, MA

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

a charitable corporation and a Delaware corp.

A. ☐ This application is NOT assigned:☒ Assignment previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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